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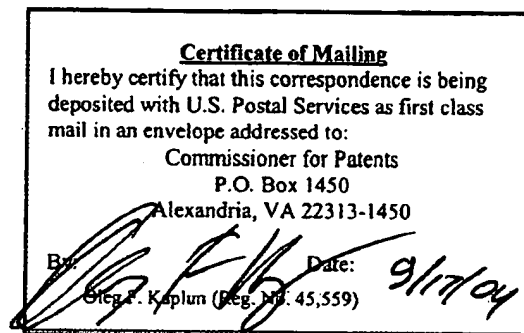
[40121/00602]

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : DARMANN et al.
Serial No. : 10/678,226
Filed : October 6, 2003
For : SUPERCONDUCTING TAPES
Group Art Unit : 2827
Examiner : I. B. Patel

Fee only

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



TRANSMITTAL

Transmitted herewith please find an Amendment in response to the Office Action mailed June 7, 2004 for filing in the above-identified application. The Commissioner is hereby authorized to charge the one-month extension fee in the amount of \$110 and any additional fees required to the Deposit Account of **Fay Kaplun & Marcin, LLP** No. 50-1492. A copy of this paper is enclosed for that purpose.

Respectfully submitted,

Dated: 9/17/04

By: [Signature]
Oleg F. Kaplun (Reg. No. 45,559)

FAY KAPLUN & MARCIN, LLP
150 Broadway, Suite 702
New York, NY 10038
Tel: (212)619-6000
Fax: (212) 619-0276

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PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number 10/678 226		
Substitute for Form PTO-875								
CLAIMS AS FILED – PART I								
(Column 1)		(Column 2)						
FOR	NUMBER FILED	NUMBER EXTRA						
BASIC FEE (37 CFR 1.16(a))								
TOTAL CLAIMS (37 CFR 1.16(c))		minus 20 =						
INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus 3 =						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								
<small>* If the difference in column 1 is less than zero, enter "0" in column 2.</small>								
CLAIMS AS AMENDED – PART II								
(Column 1)		(Column 2)		(Column 3)				
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
	Total (37 CFR 1.16(c))	17	Minus	20	=			
	Independent (37 CFR 1.16(b))	2	Minus	3	=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
(Column 1)		(Column 2)		(Column 3)				
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
	Total (37 CFR 1.16(c))	*	Minus	**	=			
	Independent (37 CFR 1.16(b))	*	Minus	***	=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
(Column 1)		(Column 2)		(Column 3)				
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
	Total (37 CFR 1.16(c))	*	Minus	**	=			
	Independent (37 CFR 1.16(b))	*	Minus	***	=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							

SMALL ENTITY	
RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

OR

OTHER THAN SMALL ENTITY	
RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

OR

OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

OR

OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.